

**AGENDA ITEM 05 – CHIEF EXECUTIVE’S REPORT  
BOARD OF DIRECTORS 7 FEBRUARY 2019**

<b>Report title</b>	Chief executive’s report
<b>Report from</b>	David Probert, chief executive
<b>Prepared by</b>	David Probert and the executive team
<b>Previously discussed at</b>	Management Executive
<b>Attachments</b>	STP quarterly report NHS Long Term Plan executive summary
<b>Link to strategic objectives</b>	The chief executive’s report links to all eight strategic objectives

<p><b>Brief summary of report</b></p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> <li>• Flu vaccination update</li> <li>• M9 financial position</li> <li>• New appointments</li> <li>• Annual emergency preparedness and planning</li> <li>• Operational planning guidance</li> <li>• Closure of Teddington</li> <li>• STP quarterly report</li> <li>• NHS long term plan</li> </ul>					
<p><b>Action required/recommendation.</b></p> <p>The board is asked to note the chief executive’s report.</p>					
<b>For assurance</b>		<b>For decision</b>		<b>For discussion</b>	<b>To note</b> ✓

# MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

## PUBLIC BOARD MEETING – 7 FEBRUARY 2019

### Chief Executive's report

#### 1. Quality

##### Flu vaccination update

Trusts are being asked to achieve near universal vaccination of Trust staff this year. The CQUIN associated with the program for improving the vaccination of front line staff has changed with the target increasing to 75% of front line staff in 2018/19. To date we have achieved 68% of our required total. The vaccination program concludes at the end of February and we remain on trajectory to achieve the target by the end of March 2019.

#### 2. Financial

##### M9 update

The Trust reported a surplus of £2.43m in month against a planned deficit of £1.54m, a £3.97m positive variance to plan. Activity levels remained high in December, leading to a favourable NHS clinical income variance of £0.18m, with strong performance in Outpatients and Retinal Injections. Year to date efficiency scheme over achievement has reduced to £0.05m, and the forecast outturn for efficiencies is £1.21m adverse, a deterioration of £0.07m on the prior month. The Trust continues to forecast achievement of the revised Control Total of a £6.7m surplus.

#### 3. People

##### New appointments

I am pleased to confirm that divisional manager for the Moorfields North Alex Stamp has been appointed to the role of deputy chief operating officer. Board members will already know Alex in his divisional manager role. He will now take on the role previously held by Sean Briggs, with a lead for the Access directorate and other key projects such as health records.

Stuart Semple has been appointed as the trust's chief pharmacist following a recent recruitment process. Stuart has been working with the trust for a number of months on an interim basis and I am delighted that he is now joining us permanently.

#### 4. Operational

##### Annual emergency preparedness and planning

The 2018 annual EPRR assurance process review for the trust took place on 15 November 2018. The aim of this process is to assure ourselves and NHS England (London) that the trust is prepared to respond to an emergency, and has the resilience in place to continue to provide safe patient care during a major incident or business continuity event. Prior to the meeting the trust carried out and submitted a RAG rated self-assessment against the NHS Core Standards for EPRR. In addition to this a set of 'deep dive' questions on organisational command and control formed part of this year's process. This year the trust was awarded a green rag rating with substantial compliance in all standards. The standard requiring ongoing work centres on assurance from contractors / suppliers that they have and, can demonstrate adequate resilience arrangements for their business.

##### Operational planning guidance

NHS England and NHS Improvement have now published the second part of the 2019/20 operational planning and contracting guidance. This requires the trust to submit a first version of its annual plan on 14 February. Business planning is being led at divisional level, with executive challenge and review. A second gateway meeting between the

executive team and divisions took place on 29 January. Further detail of the trust's financial planning is included in the finance report.

### Network review - closure of Teddington

Board members will remember that in late 2017/early 2018 the methodology and process for conducting a strategic network review was agreed by the board and membership council. As part of this process the South division is currently reviewing the provision of services at Teddington with a view to moving patients to other sites. This proposal has been made for the following key strategic and operational reasons:

1. The Moorfields Teddington service has seen a reduction in patient referrals to the service
2. As a result of this, high value equipment is currently being used only once a week at Teddington, when it could be used more frequently in other locations
3. It has been difficult to recruit and retain staff at Teddington, which has led to the cancellation of clinics due to staff shortages.

Regrettably therefore, the South team have concluded that in the interests of providing a stable and high quality service, the service needs to relocate to other sites. The team have worked in collaboration with Kingston and Richmond CCG to engage with patients and have issued a joint letter to the 335 patients affected outlining the issues and asking them where they would like their care transferred to. Patients have been offered future appointments at St George's Hospital, Queen Mary's Hospital, the Nelson Health Centre and Ealing Hospital. Currently just over 140 patients have informed us of their preference and the South team are currently awaiting confirmation from all patients before rebooking patients accordingly.

## **5. Strategy**

### STP quarterly report

The trust continues to actively engage with the North Central London STP (known as North London Partners). A multi-disciplinary team from provider and commissioning organisations meets regularly to develop consistent patient pathways across the sector. The trust also continues to engage actively in the STP estates works stream through its work with Camden & Islington NHS Foundation Trust and Whittington Health to take forward proposals to redevelop the St Pancras hospital site. The attached report sets out the quarterly provider update from the STP.

### NHS Long term plan

On 7 January NHS England released the long awaited NHS Long Term Plan. I attach an executive summary of the plan to my report. The plan highlights the aspiration and direction of travel of the NHS over the next ten years with a particular focus on improving primary and secondary care interface, the use of digital technology and a strong emphasis on step change improvements required in the management of diseases such as mental health, cardiovascular, cancer and improvements in areas such as maternity service provision. From a Moorfields perspective the plan is particularly relevant with its focus on technology development and the changes planned in the commissioning landscape for local services. Many of the implications of the plan will be forthcoming over the next twelve months and we are fully engaged with local partners to ensure Moorfields remains at the forefront of any opportunities this new direction presents, and equally prepared for any risks that may develop over time to our core strategy and purpose.

**David Probert**  
**Chief Executive**  
**February 2019**



**NORTH LONDON PARTNERS**  
in health and care

North Central London's sustainability  
and transformation partnership



# North London Partners in Health and Care North Central London STP

Quarterly update for NHS Trusts

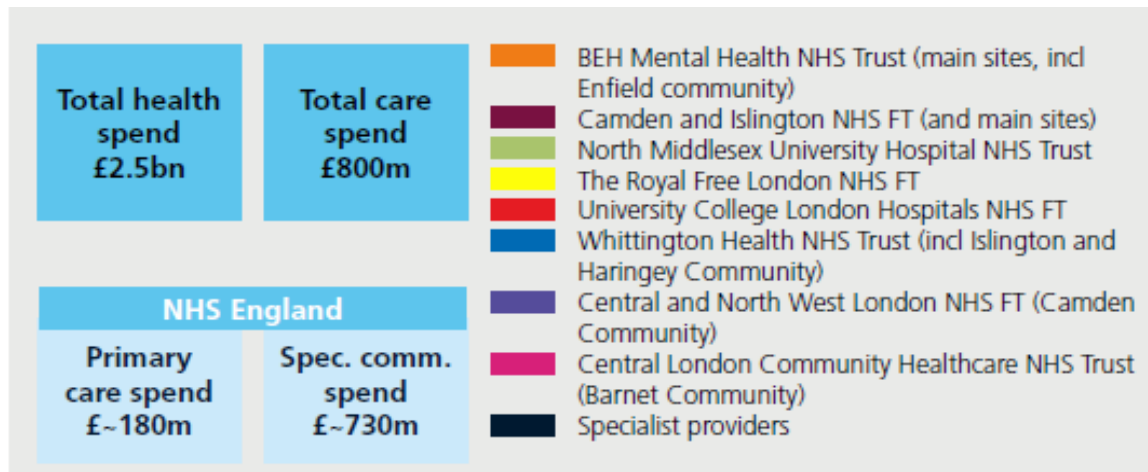
21 December 2018



# 1. Our collective challenges



- Across north central London, there are diverse populations with some common and some different challenges
- The roles and responsibilities of health and social care is complex with overlaps between hospital areas and borough boundaries
- Hospitals, other services, commissioners and local authorities are all in different and difficult financial positions
- The five NCL CCGs are now working under joint arrangements with a single accountable officer and chief finance officer
- We want work together to transform, improve and integrate care where this improves health and wellbeing outcomes and sustainability of services



The NHS budget and a list of the hospitals involved in the STP along with commissioners, community teams local authorities and primary care



## 2. NCL Service Provision Overview

NCL is a diverse area covering five local authorities and Clinical Commissioning Groups, 12 Trusts and 209 GP practices, as demonstrated by the diagram below. This section goes on to describe the context and rationale underpinning the estates ambition for the STP.

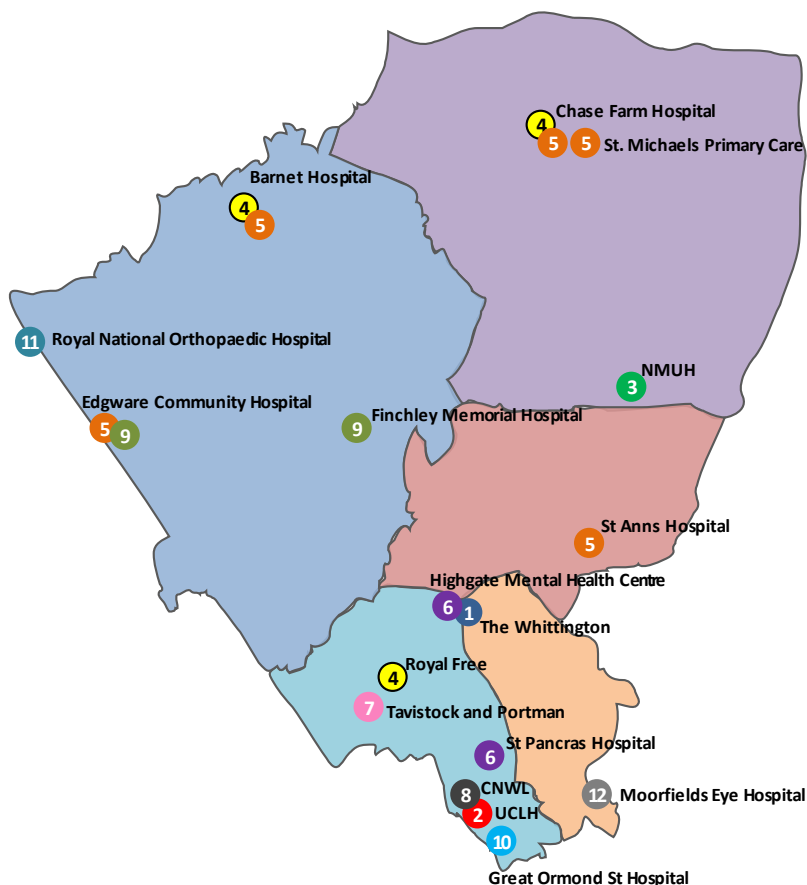
Enfield Local Authority  
338,143 registered population  
324,000 resident population  
**Enfield CCG**

Barnet Local Authority  
422,630 registered population  
375,000 resident population  
**Barnet CCG**

Haringey Local Authority  
316,910 registered population  
267,000 resident population  
**Haringey CCG**

Islington Local Authority  
251,606 registered population  
221,000 resident population  
**Islington CCG**

Camden Local Authority  
283,789 registered population  
235,000 resident population  
**Camden CCG**



### Local Authority

- Camden
- Enfield
- Barnet
- Islington
- Haringey

### Providers

- 1 Whittington Health NHS Trust (including Islington and Haringey Community)
- 2 University College London Hospitals NHS Foundation Trust
- 3 North Middlesex University Hospital NHS Trust
- 4 The Royal Free London NHS Foundation Trust
- 5 Barnet, Enfield and Haringey Mental Health NHS Trust (main sites, including Enfield community)
- 6 Camden and Islington NHS Foundation Trust (and main sites)
- 7 Tavistock and Portman NHS Foundation Trust
- 8 Central and North West London NHS Foundation Trust (Camden Community)
- 9 Central London Community Healthcare NHS Trust (Barnet Community)
- 10 Great Ormond St Hospital
- 11 Royal National Orthopaedic Hospital
- 12 Moorfields Eye Hospital

### GP Practices (March 2018)

Barnet	56	Enfield	48	Islington	33
Camden	35	Haringey	37	<b>(Total 209)</b>	

### 111 Out of Hours provider

Currently out of ITT single provider across 5 CCGs



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3.

## Ambitions of the STP



Improve the health and  
wellbeing of the local  
population

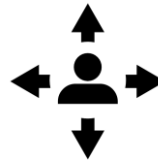


Ambition for the STP is built on  
existing CCGs, Local Authorities  
and Providers values and strategy

Maximise out of hospital  
care and build resilient well  
supported communities



Reduce health  
inequalities



A partnership of the NHS and local authorities, working together with the public and patients where it's the most efficient and effective way to deliver improvements.



# 4. Clinical and senior leadership in place across North London Partners



Input and membership of clinical working groups from across NCL CCGs, Providers and LAs

Care Workstreams	Prevention	Planned care	Health and care closer to home	Mental Health	Children and young people	Maternity	Cancer	Urgent and Emergency Care	Social Care
SROS	Dr Julie Billett (Camden and Islington)	Prof. Marcel Levi (UCLH)	Tony Hoolaghan (H&I)	Paul Jenkins (TAVI)	Charlotte Pomery (Haringey LA)	Rachel Lissauer (Haringey)	Dr Clare Stephens (Barnet)	Sarah Mansuralli (Camden)	Dawn Wakeling (Barnet Council)
Clinical leads	Dr Karen Sennett (Islington)	Dr Debbie Frost (Barnet)	Dr Katie Coleman, (Islington)	Dr Vincent Kirchner (C&I)	Dr Oliver Anglin (Camden)	Professor Donald Peebles	Prof Geoff Bellingan (UCLH)	Dr Shakil Alam (Haringey)	
	Dr Tom Aslan (Camden)		Borough based leads for each CCG	Dr Jonathan Bindman (BEH)		Mai Buckley (Royal Free)	Dr Clare Stephens (Barnet)	Dr Chris Laing (UCLH)	
				Dr Alex Warner (Camden)					
Enablers	<b>Workforce:</b> SRO - Siobhan Harrington (Whittington)								
	<b>Digital:</b> Clinical lead – Dr Cathy Kelly (UCLH), SRO – David Sloman (Royal Free)								
	<b>Estates:</b> SRO – Simon Goodwin (NCL CCGs)								
	<b>Provider Productivity:</b> SRO – Tim Jaggard (UCLH)								
<b>Communications and Engagement</b>									





### **Working with our partners on integrated care:**

- In October, we held a simulation event held to build our collective vision for integrated care systems and how this might work across the population of North Central London. Following this a national bid submitted to support next steps in our development.
- Proposed next steps: Sharing event write-up (Oct 2018); stakeholders, residents and orgs debate the principles from the event and provide initial feedback (Dec 2018), secure national and local funding to support ICS development (Nov 2018), plan and deliver further 'Inter-great' events (Nov 2018-Feb 2019 including borough-based events in Jan-Feb 2019), capture learning and develop potential options for how ICSs could be developed across NCL (Jan-Mar 2019), Apply for next wave of Aspirant ICS funding (TBC), start to discuss options widely with Trusts, Local Authorities, CCGs, patients etc (Spring 2019)

### **Urgent and Emergency Care:**

- This winter providers across NCL are supporting more patients with immediate health or functional needs, and who would otherwise require an admission to hospital, to stay at home and receive care. Across NCL we have standardised elements of our admission avoidance rapid response services to make it easier for clinicians to refer patients as well as discharge pathways. NCL is the first area in the country to launch 111 \*9 which enables clinicians to directly access any rapid response service in NCL.

### **Planned Care**

- Standardised urology pathways implemented across primary and secondary care in the first half of 2018 have resulted in a 10% reduction in outpatient activity and a high level of satisfaction amongst clinicians. The intention is to reduced unwarranted variation and improve quality of care. This works is believed to be unique to NCL and is attracting national interest.
- Significant progress in NCL is occurring on the implementation of the new advice and guidance service for GPs. The service allows GPs to securely submit clinical queries to consultants when considering a referral. Since April 2018 there has been over 4,500 submissions, 66% GP practices have used the service. The service seeks to reduce unwarranted referrals and provide specialist opinions seamlessly into primary care.

### **Orthopaedics review**

- The Orthopaedic review evaluation was reported to the December CCG Joint Commissioning Committee (JCC). In January, the JCC will be asked to endorse the next steps and governance for the next phase of the review.
- In parallel to this, a number of clinical design workshops have taken place, which began to explore in more detail how elective orthopaedic services might be organised in the future, how services could be designed, the key interdependences and critical factors that need to be considered in the next stages of the review. Both the engagement exercise and design workshops have seen a wide range of participation and provide a strong foundation for next steps. Feedback from the engagement exercise is currently being independently evaluated and will be shared with the NCL CCG's Joint Commissioning Committee who will decide on the next steps for the review.



### **Digital work to transform health and care underway**

Our programme to join-up health and care records across our five boroughs is progressing well. There are two main strands to the programme:

- Health Information Exchange (HIE) is an application that will provide a summary of our residents' health and social care information together in one easy-to-view real-time record.
- HealthIntent is a tool which allows an increased collective ability to be more proactive in the care of our communities. The system takes elements of health and care information from different sources and enables us to manage groups of residents in relation to health or social condition. It will also give richer and more up-to-date information to help us plan future services.

Access to both tools, and the new ways of working that they enable, is being introduced gradually across the five boroughs, starting with a number of early adopter sites. Barnet has been identified as the early adopter for HIE, and we are currently working with primary care colleagues to agree on practices that will introduce the shared record by March 2019. Initially the shared record will contain primary care data alongside data from the main acute provider for the area, the Royal Free Hospital group.

We are in discussions with the Haringey and Islington Wellbeing Partnership about their becoming early adopters of HealthIntent (focused on North Islington and North Tottenham).

### **Residents offer their views on challenges and opportunities in developing integrated care systems**

Twenty six residents attended a workshop hosted by the North London Partners to get an understanding of what an integrated care system might mean for local people, identify potential challenges and benefits that such a system could offer.

The residents identified a number key benefits including: the potential to tailor services around individuals, provide a person-centred approach with a single point of access for all a patient's health and care needs. Key challenges that were discussed included: lack of communication between organisations due to differences in culture and ways of working and systems not being in place to share information.

To further develop a case for integrated care the residents made a number of recommendations including: talking directly to patients and their families about what is working and to identify their requirements and getting out into the community to meet with disadvantaged groups. There will be follow up workshops across the NLP boroughs in 2019.

### **Care home nurses and acute nurses trial exchange scheme**

A CapitalNurse/HEE programme found that care home nurses feel misunderstood by their acute nursing colleagues and the reverse is also true. The misunderstandings have impacted on good collaboration on patient/resident care and on clinical outcomes.

A three month trial exchange scheme to share experiences is underway involving nurses from elderly medicine and UEC at Whittington Health and care home nurses working in three Islington homes run by Care UK.

<b>UEC</b> <b>SRO: Sarah Mansuralli</b>	<b>Overall workstream objective:</b>				
	A consistent and reliable Urgent and Emergency Care (UEC) service by 2021 that is accessible to the public, easy to navigate, inspires confidence, promotes consistent standards in clinical practice and leads to a reduction in variation of patient outcomes. Key areas of work focus on admissions avoidance, ambulatory care, end of life care and discharge to assess.				
	<b>Notable progress made this reporting period (Q3 2018/19)</b>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b>	
	<ul style="list-style-type: none"> <li>£315k in 'UEC transformation funding' has been approved by NHSE to support timely discharge of mental health and delirium patients from A&amp;E settings.</li> <li>'Supporting patients' choices to avoid delayed discharge' policy launched in NCL.</li> <li>NCL rapid response 'core offer' finalised and with CCGs for final approval.</li> <li>111*9 soft launch for ease of routing referrals to rapid response teams.</li> <li>Stroke business case (to increase rehab in community settings) approved</li> </ul>			<ul style="list-style-type: none"> <li>Acute hospitals working to increase ambulatory care</li> <li>Implementation of Trusted Assessor and discharge to assess pathway across NCL</li> <li>Implementation of revised Single Point of Access services for last phase of life care.</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	Integrated urgent care	£, Q, P, E, C	Digital	Acute, GPs, Pharmacies, NHS111	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>Acute Trusts, Community services, MH providers GP Practices; Care Homes</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Last phase of life single point of access model</li> </ul>
Admission avoidance	£, Q, P, E, C	Digital, Workforce	Acute, GPs / Community		
Simplified discharge	£, Q, P, E, C	Digital, Social Care	Acute, Care Homes, Community		
Last Phase of life	£, Q, P, E, C	Digital, Social Care	Care Homes, NHS111, Remote		
<b>Planned Care</b> <b>SRO: Marcel Levi</b>	<b>Overall workstream objective</b>				
	Deliver better value planned care through new models of care and reducing unwarranted variation across providers.				
	<b>Notable progress made this reporting period (Q3 2018/19)</b>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b>	
	<ul style="list-style-type: none"> <li>Clinical advice and navigation live across all acute sites and specialties with 900 queries each month</li> <li>NCL CCGs signed off consistent evidence based POLCE policy</li> </ul>			<ul style="list-style-type: none"> <li>Teledermatology service to go live using smartphone dermascope in primary care</li> <li>Further work on POLCE to incorporate national Evidence Based Interventions guidance</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	POLCE	£, Q, C	-	GPs, Providers	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>Acute Providers, CCGs, GPs</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Implement Common NCL 'Using NHS money wisely / Procedures of Limited Clinical Effectiveness (PoLCE) Policy</li> <li>Teledermatology and Advice and Navigation services implemented across NCL</li> <li>Involvement in orthopaedic review</li> </ul>
	Advice & Navigation	£, Q, P, E, C	Digital	GPs	
Dermatology	£, Q, C	Digital	GPs, Acute Providers		
Urology	£, Q, C	HCCH	Acute Providers		
Orthopaedic review	£, Q	-	Acute Providers		
<b>Health and Care Closer to Home</b> <b>SRO: Tony Hoolaghan</b>	<b>Overall workstream objective</b>				
	'Place-based' population health system of care; based around neighbourhoods of 50-80k; drawing together social, community, primary & specialist services; underpinned by a systematic focus on prevention & supported self-care.				
	<b>Notable progress made this reporting period (Q3 2018/19)</b>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b>	
	<ul style="list-style-type: none"> <li>NCL GP strategy approved by all NCL CCG governing bodies</li> <li>HCCH approved bids for primary care improvement grants for 18/19 and 19/20</li> <li>Second tranche of primary care transformation funding (£800k) approved</li> <li>Bid for further £500k to support foundations of integration (NHSE national)</li> <li>Online consultation provider selected</li> </ul>			<ul style="list-style-type: none"> <li>Priorities for integrated networks for 19/20 agreed with providers</li> <li>Time for Change (mental health) collaborative rolled out</li> <li>Locally Commissioned Services approach agreed for 19/20</li> <li>Approval and mobilisation of social prescribing business case</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	CHIN/Neighbourhood	C	Workforce, Estates, Digital	GP practices, social care, community	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>CCGs, GP, community pharm, Mental Health &amp; Social Care</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>North Central London (NCL)-wide approach to Atrial Fibrillation improvement</li> <li>NCL model for social prescribing</li> <li>Enhanced services review</li> <li>Contracting for Care &amp; Health Integrated Networks</li> </ul>
Quality Improvement	£, Q	Workforce	Virtual, GP practices		
P. Care Commissioning	£, Q, E		CCGs, GPs		
Social Prescribing	£, Q	Workforce	GP practices, social care, community		
Primary Care at Scale	£, Q, P, E		GP practices		

\* £ = Savings, Q = Quality, P=Performance, E=Efficiency, C=Clinical Outcomes

<b>Mental Health</b> SRO: Paul Jenkins	<b>Overall workstream objective</b> <ul style="list-style-type: none"> <li>Working to address inequalities for those with Serious Mental Illness and provide consistent care.</li> <li>Deliver services closer to home, reducing demand on the acute sector and mitigating the need for additional MH inpatient beds.</li> </ul>				
	<b>Notable progress made this reporting period (Q3 2018/19)</b> <ul style="list-style-type: none"> <li>NCL STP met the CYP access standard for 2017/18</li> <li>MoU signed for Children and Young People's Out of hours service</li> <li>MH Liaison commissioning and delivery model proposal completed.</li> <li>Submission of Dementia funding proposals to NHSE.</li> <li>MH Workforce Delivery Plan received positive score from regulators.</li> </ul>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b> <ul style="list-style-type: none"> <li>Plan agreed to scale up &amp; implement new MHLS model in NCL A&amp;Es (UCLH &amp; NMUH already complete)</li> <li>Agree NCL approach to Primary Care Mental Health to inform commissioning for 19/20</li> <li>Delivery of Mental Health workforce projects</li> <li>Secure funding for post suicide intervention service (NCL wide)</li> <li>Launch trailblazers for Children and Young People</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	Improve acute care	E	HCCH, Social Care, UEC	Acute, MH Trusts, Community	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>CCGs, Acute, GPs/CHINs, MH Trusts, HEE</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Development of frontline mental health services across settings</li> <li>Agree single approach to Psych Liaison services in Acute services</li> <li>Expand workforce to ensure capacity to meet national targets for improved access.</li> </ul>
	Improve CAMHS	Q	CYP	Schools, GPs, Community, MH Trusts	
	MH Liaison services	Q, P, £	UEC	Acute, MH Trusts, Community	
Primary Care MH inc. IAPT	Q, P, £	HCCH, Digital, Estates (2)	GPs, Community		
MH Workforce	Q, P, £	Workforce (3), Digital	Acute, MH Trusts, Community, GPs		
<b>Maternity</b> SRO: Rachel Lissauer	<b>Overall workstream objective</b> Delivery of the National Maternity Transformation programme through improved continuity and safety of perinatal care for women, working across professional and organisational boundaries to drive better patient experience and integrated care.				
	<b>Notable progress made this reporting period (Q3 2018/19)</b> <ul style="list-style-type: none"> <li>NEL CSU Digital team commissioned to build a Single Point of Access website.</li> <li>2<sup>nd</sup> Community Services hub successfully launched</li> </ul>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b> <ul style="list-style-type: none"> <li>Quality and Safety - Implementation of Serious Incident triggers</li> <li>Single Point of Access: - Test phase of the website with a public launch planned for early March 2019.</li> <li>Community Services Development - Develop plan for new model of delivery</li> <li>NCL Collaborative working: Development of Pocket Book app</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	Quality & Safety	Q	Digital	Acute, community	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>Acute trusts</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Portability of staff across services</li> <li>Single point of booking across NCL</li> </ul>
	Personalisation & choice	Q	Digital	Acute, community	
	Single point of access	£, Q	Digital, Workforce	Acute, community	
Community services dvt	Q	HCCH	Community settings		
NCL collaborative working	£, Q	Workforce	Acute, community		
<b>Health and Prevention</b> SRO: Julie Billet	<b>Overall workstream objective</b> Driving a system-wide approach to prevention and population health, working to enable success in the overall STP strategy for care				
	<b>Notable progress made this reporting period (Q3 2018/19)</b> <ul style="list-style-type: none"> <li>Submitted bid to Health Education England (HEE) for 'Make Every Contact Count' train the trainer pilot</li> <li>Submitted bid to HEE for Mental Health employment support</li> <li>Agreed funding for Public Health Consultant to work with providers to implement prevention framework and improve clinical engagement with workstreams</li> </ul>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b> <ul style="list-style-type: none"> <li>Coordinate approach with partners on 'Multi-Professional Advanced Clinical Practice' task and finish group</li> <li>Work with UCLH Cancer Collaborative on opportunities for greater uptake of smoking cessation linked to the new North Central and East London lung screening trial</li> <li>Continue to embed the new integrated sexual health service</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	Workforce for prevention	E, P	Workforce, Estates, Digital	Acute, MH Trusts, Community	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>GP practices</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Working towards healthier workplaces</li> <li>Alignment of organisational strategies</li> <li>Commitment to prevention (primary and secondary)</li> </ul>
	Healthier environment	O	Workforce	Acute, MH Trusts, Community	
Healthier choices	C, Q	Workforce	All partners		

\* £ = Savings, Q = Quality, P = Performance, E = Efficiency, C = Clinical Outcomes

Cancer SRO: Dr Claire Stephens	Overall workstream objective				
	Delivery of improved survival, patient experience, efficiency of service delivery - including services closer to home; reduced costs £ financial sustainability; reduced variation.				
	Notable progress made this reporting period (Q3 2018/19)			Notable progress planned for next reporting period (Q4 2018/19)	
	<ul style="list-style-type: none"> <li>NCEL STPs and alliance submitted an improvement plan to NHSE and I.</li> <li>Alliance &amp; STP bids submitted to NHSE for share of 1.3m London funding</li> <li>Lung study installation of CT scanners at UCH and Finchley complete.</li> <li>Digital Image sharing project being reviewed in light of London level changes to interoperability plans;</li> </ul>			<ul style="list-style-type: none"> <li>Sustained achievement of 62 Day standards for patients living in NCL . Take action as required.</li> <li>Quantitative Faecal Immunochemical Test (qFIT) implemented across the sector;</li> <li>Lung screening study launched</li> <li>Providing access to rehabilitation across cancer pathways</li> </ul>	
	Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Cancer waits	Q, P	Diagnostics capacity	Acute, Primary Care , community	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>Acute providers, GPs</li> </ul>	
Early diagnosis	Q, P	HCCH, Prevention	Acute, Primary Care , community		
Living w & beyond cancer	Q	HCCH, Planned	Acute, Primary Care , community		
Children and Young People SRO: Charlotte Pomery	Overall workstream objective				
	'Right care, right place, right time'. Transformed health & social care services: equitable, accessible, efficient & delivers improved outcomes. Enabling high quality, responsive services for children, young people & families, delivered locally where possible, with a shared focus on promoting wellbeing, reducing health inequalities & improving health & social outcomes.				
	Notable progress made this reporting period (Q3 2018/19)			Notable progress planned for next reporting period (Q4 2018/19)	
	<ul style="list-style-type: none"> <li>Continued engagement with system partners on detailed asthma plan</li> <li>Delayed Transfers of Care (DIOC) brief complete and stakeholder workshop scheduled for January 2019;</li> <li>Agreed priorities and scope within complex needs work</li> </ul>			<ul style="list-style-type: none"> <li>Refinement and agreement of System-Wide NCL Asthma plan, Inc. launch planning Q1 19/20</li> <li>Children's surgery: outline proposals, early engagement/consultation</li> <li>Broader review of prevention opportunities for children and young people and their families</li> <li>Develop project plan/initiation concerning children with complex needs</li> </ul>	
	Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
	Paediatric surgery	Q	Workforce, digital	Acute trusts (GDH & Tertiary)	<b>Partners involved:</b> Acute Trusts, Primary Care, Commissioners, Pharmacy, Public Health, Local Authority <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>System approach to managing &amp; preventing asthma in C&amp;YP</li> <li>Developing a surgical network across NCL</li> <li>Preventative approach to care &amp; support for CYP &amp; families</li> </ul>
Asthma	Q	Prev, HCCH, workforce, digital	Acute, Primary Care , community		
Complex Needs	£, Q	UEC, HCCH, Mental Health	Acute Trusts, LA Placements		
Paed. admissions avoid.	£, P, Q	UEC, Prev, HCCH, workforce, digital	Acute, Primary Care , community		
Social Care SRO: Dawn Wakeling	Overall workstream objective				
	Working to address care inequalities in provision and improving longer term strategic approach to workforce and care market.				
	Notable progress made this reporting period (Q3 2018/19)			Notable progress planned for next reporting period (Q4 2018/19)	
	<ul style="list-style-type: none"> <li>Workforce: Implementing Health Education England (HEE) funded schemes.</li> <li>Workforce: Care home quality dataset shared with stakeholders for input</li> <li>Markets: Received draft of care analytics work around sustainable price setting;</li> <li>Markets: LPH care tiers for nursing care defined and putting in place performance tracking with teams.</li> <li>Markets: Principles for implementing a coordinated pricing structure; block contracts and performance management developed.</li> </ul>			<ul style="list-style-type: none"> <li>Independent care sector workforce: Pilot of Proud To Care launched.</li> <li>Workforce: Improved career pathways developed.</li> <li>Social care markets: Agreed sites for developing capacity in sector and pricing strategy</li> </ul>	
	Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Ind. Care Sector Workforce	£, E, Q	HCCH, UEC, Workforce	Home Care, Care Homes	<b>Partners involved:</b> Local authorities, CCGs, care providers <b>Potential future commitments:</b> Joint commissioning strategy	
Social Care Markets	Q, £, E	HCCH, UEC, MH, Workforce	Home Care, Care Homes		
Digital SRO: David Sloman	Notable progress made this reporting period (Q3 2018)			Notable progress planned for next reporting period (Q4 2018)	
	<ul style="list-style-type: none"> <li>Revised Health Information Exchange &amp; HealthIntent delivery plans established</li> <li>Completed 'Health System Led Investment' (HSLI) funding proposal process</li> </ul>			<ul style="list-style-type: none"> <li>First Tranche of HIE connections</li> <li>HealthIntent Phase 1 initiated</li> </ul>	
	Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
	Health Information Exch	Q, £	Clinical Workstreams	All	<b>Partners involved:</b> Acute Trusts, Primary Care, Commissioners, Pharmacy, Public Health, Local Authority
Pop Health Management	Q, £	Clinical Workstreams	All		

\* £ = Savings, Q = Quality, P=Performance, E=Efficiency, C=Clinical Outcomes

<b>Workforce</b> SRO: Siobhan Harrington	<b>Overall workstream objective</b>				
	To attract people to live and work in NCL so we have the best possible workforce to deliver high quality services to our community				
	<b>Notable progress made this reporting period (Q3 2018/19)</b>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b>	
	<ul style="list-style-type: none"> <li>Secured HEE funding for STP workforce priorities (£500k)</li> <li>Portability: Confirmed all Trusts will work towards shared solution in 2019/20</li> <li>Collaborative bank: seminar for all NLP partners to consider options</li> </ul>			<ul style="list-style-type: none"> <li>Collaborative bank: All Trusts to consider and share their intention to join. Social and primary care and CYP workshop on developing bank option.</li> <li>Temp staff: work to start scoping outliers and inconsistencies in bank rates</li> <li>Analytics and enablers: deliver on confirmed workforce observatory approach for orthopaedic review</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	UEC prep. winter 2019	P, Q	UEC	Acute, Community, Primary care	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>All</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Standardisation of mandatory training to aid portability</li> <li>Standardisation of employment contracts to aid portability</li> </ul>
	Portability (including passports, MAST)	P, Q, £	Prevention, HCCH	Acute, Community, Primary care	
Temporary Staffing	£, Q, C	-	Acute and Community trusts		
Social & Primary C /Community/Place based	£, P, Q	UEC	Community, Primary care		
Analytics (WF planning)	£		All		
<b>Estates</b> SRO: Simon Goodwin	<b>Overall workstream objective</b>				
	To provide a fit for purpose, cost-effective, integrated, accessible estate which enables the delivery of high quality health and social care services for our local population.				
	<b>Notable progress made this reporting period (Q3 2018/19)</b>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b>	
	<ul style="list-style-type: none"> <li>STP completed prioritisation of 2019/20 improvement grants.</li> <li>Submitted STP investment pipeline (NCL Delivery Plan) to London Estates Board for inclusion in London Capital Pipe-line.</li> <li>Submitted Category 3 Estates and Technology Transformation Fund (ETTF) existing schemes &amp; support for 18/19 Cohort 1 ETTF schemes.</li> </ul>			<ul style="list-style-type: none"> <li>Refresh estates strategy as clinical strategies completed</li> <li>St Pancras Hospital - Initiate Final Business Case</li> <li>Project Oriel - Launch public consultation and work on preparing Outline Business Case</li> <li>St Ann's - Commencement of main inpatient building construction</li> <li>Void spaces: Submit Property Vacating Notices on voids in NHS PS properties under 100m2</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	NCL estates strategy	£, Q	All	All STP partners	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>CCGs and Trusts</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Partnership working on NCL estates strategy iteration</li> </ul>
	St Pancras devt. – C&I	£, Q	Mental Health	C&I hospital site	
St Ann's devt.– BEH	£, Q	All	BEH hospital site		
Project Oriel	Q	-	Moorfields, C&I hospital sites		
Reducing void spaces	£, Q	All	All STP partners		
<b>Provider Productivity</b> SRO: Tim Jaggard	<b>Overall workstream objective</b>				
	To scope and take forward areas of savings requiring collaboration across providers				
	<b>Notable progress made this reporting period (Q3 2018/19)</b>			<b>Notable progress planned for next reporting period (Q4 2018/19)</b>	
	<ul style="list-style-type: none"> <li>Imaging diagnostics workstream has completed a provider and commissioner data collection exercise across NCL providers &amp; are considering future opportunities to repatriate activity.</li> <li>Workforce finance model for Mandatory and Statutory Training (MaST) completed</li> </ul>			<ul style="list-style-type: none"> <li>Patient Transport, decontamination and automation updates planned for Dec-18.</li> <li>Procurement brief update planned for Dec-18 CEOs meeting.</li> <li>Medicine Optimisation team to brief Clinical cabinet on latest changes proposed by NHSE in respect of biosimilar treatment potential risk</li> </ul>	
	<b>Priority project</b>	<b>Impact*</b>	<b>Major Independencies</b>	<b>Key Care Settings</b>	<b>Partner involvement</b>
	Workforce	£	Workforce	NHS Trusts	<b>Partners involved:</b> <ul style="list-style-type: none"> <li>Providers</li> </ul> <b>Potential future commitments:</b> <ul style="list-style-type: none"> <li>Consideration of collaborative bank option</li> <li>Ongoing engagement in modelling, scoping and emerging programme of work</li> </ul>
Procurement	£	-	NHS Trusts		
Facilities management	£	-	NHS Trusts		
Diagnostics	£, Q	Planned Care	NHS Trusts		



Dedicated capacity now in place across majority of workstreams to facilitate working across partner organisations to deliver agreed STP initiatives.

Workstream	Programme lead	Email Address
Adult Social Care	Richard Elphick	<a href="mailto:Richard.Elphick@camden.gov.uk">Richard.Elphick@camden.gov.uk</a>
Cancer	Naser Turabi	<a href="mailto:n.turabi@nhs.net">n.turabi@nhs.net</a>
Children and Young People	Sam Rostom	<a href="mailto:sam.rostom@nhs.net">sam.rostom@nhs.net</a>
Digital	Martyn Smith	<a href="mailto:martyn@brightive.net">martyn@brightive.net</a>
Estates	Diane MacDonald	<a href="mailto:diane.macdonald3@nhs.net">diane.macdonald3@nhs.net</a>
Health and Care Closer to Home	Sarah McIlwaine	<a href="mailto:sarah.mcilwaine@nhs.net">sarah.mcilwaine@nhs.net</a>
Maternity	Kaye Wilson	<a href="mailto:kaye.wilson1@nhs.net">kaye.wilson1@nhs.net</a>
Mental Health	Chris Dzikiti	<a href="mailto:Christopher.Dzikiti@nhs.net">Christopher.Dzikiti@nhs.net</a>
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Productivity	Shahbaz Bhutta	<a href="mailto:shahbaz.bhutta@nhs.net">shahbaz.bhutta@nhs.net</a>
Orthopaedic review	Anna Stewart	<a href="mailto:anna.stewart3@nhs.net">anna.stewart3@nhs.net</a>
Urgent and Emergency Care	Alex Faulkes	<a href="mailto:alex.faulkes1@nhs.net">alex.faulkes1@nhs.net</a>
Workforce	Sarah Young	<a href="mailto:Sarah.young11@nhs.net">Sarah.young11@nhs.net</a>

# The NHS Long Term Plan – a summary

**Find out more:** [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk) | **Join the conversation:** [#NHSLongTermPlan](https://twitter.com/NHSLongTermPlan)

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

## What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

### Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

### Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

### Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.



## How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

- 1. Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
- 2. Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.
- 3. Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.
- 4. Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.
- 5. Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

## What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.



To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

## Find out more

More information is available at [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk), and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.